Dear Stakeholders:

If you have comments on this regulatory proposal, please submit them in writing by **Friday, May** 17, 2013 by e-mail to <u>laurie.schoder@state.co.us</u> or by fax to 303-753-6214. If you have questions, please call Laurie Schoder at 303-692-2832. Changes made since the 3/4/13 draft are highlighted in yellow.

CHAPTER IV -				
CHAPTER IV - GENERAL HOSPITALS				
6 CCR 1011-1 Chap 04				
11.102 PROGRAMMATIC FUNCTIONS				
(5) Orders				
(a)	Medications and treatments shall be given only on the order of a physician or other practitioner authorized by law.			
(b)	Verbal orders. Verbal orders shall be:			
	(i) received by members of the appropriate discipline as specified by law and approved by the medical staff, nursing services, and the governing board. Orders shall be documented.			
	(ii) transferred to the medical record by a member of the specific discipline responsible for implementing the order.			
	(iii) authenticated within 48 hours.			
(ep)	EXCEPT AS SPECIFIED IN SUBPARAGRAPH (e) BELOW, Orders shall be written and shall include the date, time, practitioner giving the order, and specifications of the order. For medications, the name, strength, dosage, frequency and route of administration shall be indicated.			
(d c)	Orders prescribing high-risk drugs, i.e., narcotics, sedatives, anticoagulants, antibiotics, etc., shall include a time limit. Such time limit shall be agreed upon by the medical staff and shall be so recorded in the rules and regulations of the organized medical staff.			
	6 CCR 1011-1 (

1 2 3	(ed)	Medical staff in conjunction with the pharmacist shall establish standard stop orders for all medications not specifically prescribed as to time or number of doses.		
4 5			Iment is proposed to align with language contained in House Bill 10- ied as C.R.S. 25-3-111(1)]	
6 7 8 9	(e)	ALL VERBAL ORDERS SHALL BE AUTHENTICATED BY A PHYSICIAN OR RESPONSIBLE INDIVIDUAL WHO HAS THE AUTHORITY TO ISSUE VERBAL ORDERS IN ACCORDANCE WITH HOSPITAL AND MEDICAL STAFF POLICIES OR BYLAWS. THE POLICIES OR BYLAWS SHALL REQUIRE THAT:		
10 11 12 13 14		<u>(i)</u>	AUTHENTICATION OF A VERBAL ORDER OCCURS WITHIN 48 HOURS AFTER THE TIME THE ORDER IS MADE UNLESS A READ-BACK AND VERIFY PROCESS PURSUANT TO PARAGRAPH (ii) OF THIS SUBSECTION (e) IS USED. THE INDIVIDUAL RECEIVING A VERBAL ORDER SHALL RECORD IN WRITING THE DATE AND TIME OF THE VERBAL ORDER, AND SIGN THE VERBAL ORDER IN ACCORDANCE WITH HOSPITAL POLICIES OR MEDICAL STAFF BYLAWS.	
16 17 18 19 20 21 22 23 24 25		(<u>ii</u>)	A HOSPITAL POLICY MAY PROVIDE FOR A READ-BACK AND VERIFY PROCESS FOR VERBAL ORDERS. A READ-BACK AND VERIFY PROCESS SHALL REQUIRE THAT THE INDIVIDUAL RECEIVING THE ORDER RECORD IT IN WRITING AND IMMEDIATELY READ BACK THE ORDER TO THE PHYSICIAN OR RESPONSIBLE INDIVIDUAL, WHO SHALL IMMEDIATELY VERIFY THAT THE READ-BACK ORDER IS CORRECT. THE INDIVIDUAL RECEIVING THE VERBAL ORDER SHALL RECORD IN WRITING THAT THE ORDER WAS READ BACK AND VERIFIED. IF THE READ-BACK AND VERIFY PROCESS IS FOLLOWED, THE VERBAL ORDER SHALL BE AUTHENTICATED WITHIN 30 DAYS AFTER THE DATE OF THE PATIENT'S DISCHARGE.	
26 27 28		(<u>iii</u>)	VERBAL ORDERS SHALL BE USED INFREQUENTLY. NOTHING IN THIS SECTION SHALL BE INTERPRETED TO ENCOURAGE THE MORE FREQUENT USE OF VERBAL ORDERS BY THE MEDICAL STAFF AT A HOSPITAL.	
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